U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	Y BEFORE PREPARING THIS REPORT.
E STATE OF	T DET CHE THE ANNO THE WAY OF THE
1. File Number U - 12714	2. Fiscal Year Covered From:
	[] / [] / [04] Through: [2 / 3] / [04]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Konstd. J OKeete	Name Newspager and Mail Valiveres Union
	Labor Organization File Number 235-705
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 83 Connecticut 57.	Street 24.16 Ourans Plaza South Km. 306
City S.Z.	City On Zon Zon Commence with the control of the co
State 21 ZIP Code + 4 10307	State ZIP Code + 4 7/1/0/
5. Position in labor organization. President	
(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
undersigned's knowledge and eclicit, title, contest, and completely (established)	ction on panalities in the instructions.)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Mayer Suasti Egg/3h 9 Klein P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 802

Street 350 Broadway, Suife 501

City NY

State NY

2IP Code +4 700 8

14.b. Amount of payment.

12.b. Amount.